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P	ATENT AF	PLICATION	FEE DE	TERMINATIO	ON RECORI)		lication or I	Oocket	Number	
			AS FILED - F	SMALL ENTITY			OR	OTHER THAN SMALL ENTITY			
FOR		NUMBE	R FILED	mn 2) EXTRA					RATE	FEE	
	IC FEE FR 1.16(a))							\$ <u>0</u>	OR		§ <u>750</u>
TOTA	L CLAIMS FR 1.16(c))	32	minus	20 = *	12	x \$_9	=	0	OR	x <u>\$_18_</u> =	216
INDE	PENDENT CLA	IMS 3	minu	ıs 3 = *	0	x 42	2 _=	0	OR	x <u>84</u> =	0
(37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0						+ 14	0_=	0	OR	+ 280 =	0
* If the	difference in colum	n 1 is less then zero, e	nter "0" in colum	то	TAL	0	OR	TOTAL	966		
* If the difference in column 1 is less then zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ALL E	NTITY	OR	OTHER TI	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** 20	= 0	x \$_ ⁹)_=	0	OR	x \$ <u>18</u> =	0
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	*	Minus	*** 3	= 0	x 42		0	OR OR	x <u>84</u> =	0
		IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					0 =	0	OR	+ 280 =	0
(Column 1) (Column 2) (Column 3)							TAL FEE	0	OR	TOTAL ADDIT. FEE	0
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$_ ⁹	\$ <u>9</u>	0	OR OR	x \$=	0
MEN	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _4	2	0	OR	x <u>84</u> =	0
F		AST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				1 + 1	40_=	0	OR	+=	0
(Column 1) (Column 2) (Column 3)							ΓΟΤΑΙ Τ. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN	ļ	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	АТЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	<u>9 </u>	= 0	OF	x \$_ 18 =	. 0
	Independent (37 CFR 1.16(b))	*	Minus	***	=	х_	42 _	= 0	OF	_x 84 ₌	. 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)					+_	140	= 0	OF	+ 280	= 0
	TOTAL 0 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE									TOTAL	
**	If the "Highest N	umber Previously P	aid For" IN Th	HIS SPACE is less that HIS SPACE is less that IS SPACE is less that I Independent) is the l	n 20, enter 20 .				lumn 1.		

SEND TO: Mail Stop Patent Application
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Alexandria, VA 22313-1450

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			32		10000000		RATE		FEE		RATE		ΞE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC		375.00	OR	BASIC FEE	750	
 	TAL CHARGEAE	BLE CLAIMS	- 0		* 12		X\$	9=		OR	X\$18=	9	16
<u> </u>	EPENDENT CL			nus 3 =	*		X4:				X84=		
MULTIPLE DEPENDENT CLAIM PRESENT					<u> </u>					OR			
the state of the s						olumn 2	+14			OR	+280=		-
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL		OR	TOTAL OTHER	46	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column						(Column 3)	SMA	ALL I	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΓΕ	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE
IDM	Total	*	Minus	**		=	X \$	9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X4	2=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	TCLAIM		+14	0=		OR	+280=		
							L	DTAL			TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)							FEE		1	ADUII. FEE		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	TIC	ODI- ONAL EE
AMENDMENT	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		,
ME	Independent	*	Minus	***		=	X4	2=		OR	X84=		
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	i0=		OR	+280=		
							L	OTAL		OR	TOTAL		
	(Column 1) (Column 2) (Column 3)							FEE			ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	TIC	DDI- ONAL FEE
MQ	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X4	2=		OR	X84=	T	
	FIRST PRESE	ENTATION OF N	MULTIPLE DE	PENDEN	IT CLAIM		11/	10=	<u> </u>	1			
.	If the entry in colu	ımn 1 is less than	the entry in col	umn 2, wr	ite "0" in co	olumn 3.	<u> </u>	OTAL		OR	TOTAL		
*	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												